

**SAN DIEGO UNIFIED SCHOOL DISTRICT
EMPLOYEE COMPLAINT ALLEGING HARASSMENT OR DISCRIMINATION**

INSTRUCTIONS: Employee completes this form and submits original to Chief Human Resources Officer or designee and a copy to his or her supervisor. A Proof of Service form must be attached to the original and the copy.

| Name: (Last/First/MI) | Employee ID #: | School or Department: | Position Title: | Date: |
|--|---------------------------|----------------------------------|---------------------------------|--------------|
| Please state the specific description of the complaint, including names, dates and places necessary for complete understanding of the complaint (cite specific district, state, or federal regulations which are alleged to have been violated): | | | | |
| Date(s) when complaint was discussed with your supervisor: | | | | |
| Please list reason(s) why your supervisor's proposed resolution of the problem is not acceptable: | | | | |
| Please list specific actions requested of school district which you believe will remedy the complaint: | | | | |
| Do you wish to be represented by a person of your choice? If so, please enter the name of such designated representative: | | | Please sign and date this form: | |

Date received by Human Resource Services Division:

**SAN DIEGO UNIFIED SCHOOL DISTRICT
PROOF OF SERVICE**

INSTRUCTIONS: Attach a copy of this form to the original and all copies of the Employee Complaint Alleging Discrimination form. This form must be signed by a person other than the complainant or the person(s) against whom the complaint is made.

I, the undersigned, say: I am over 18 years of age employed in or resident of the County of San Diego, California in which county the within-mentioned service occurred, and not a party to the subject cause.

My business or residence address is: _____
(street, city, state, zip)

I served the Employee Complaint Alleging Discrimination, of which a true and correct copy is attached, by placing a copy thereof in a separate envelope for each addressee named hereafter, addressed to each such addressee respectively as follows:

| | | |
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| | | |
| | | |

Each envelope was then:

- Personally delivered
- Deposited in the US mail with first class postage affixed
- Deposited in school mail

by me on _____ (date). I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ (date) at _____, California.

Name (printed)

Signature